

State of Ohio
Food Inspection Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

| | | | |
|---|---|------------------------------------|--|
| Name of facility POMEROY YOUTH LEAGUE | Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number 87 | Date 10/18/2022 |
| Address MAIN STREET BASEBALL FIELDS | City/State/Zip Code POMEROY OH 45769 | | |
| License holder KEN MC CULLOUGH, JR. | Inspection Time 40 | Travel Time 10 | Category/Descriptive NON-COMMERCIAL CLASS 3 <25,000 SQ. FT. |
| Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation | | Follow-up date (if required) // | Water sample date/result (if required) // |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

| Compliance Status | | Compliance Status | |
|---|--|--|--|
| Supervision | | Time/Temperature Controlled for Safety Food (TCS food) | |
| 1 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 23 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Person in charge present, demonstrates knowledge, and performs duties | | Proper date marking and disposition | |
| 2 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 24 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Certified Food Protection Manager | | Time as a public health control: procedures & records | |
| Employee Health | | Consumer Advisory | |
| 3 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 25 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting | | Consumer advisory provided for raw or undercooked foods | |
| 4 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Highly Susceptible Populations | |
| Proper use of restriction and exclusion | | 26 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 5 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Pasteurized foods used; prohibited foods not offered | |
| Procedures for responding to vomiting and diarrheal events | | Chemical | |
| Good Hygienic Practices | | 27 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 6 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Food additives: approved and properly used | |
| Proper eating, tasting, drinking, or tobacco use | | 28 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 7 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Toxic substances properly identified, stored, used | |
| No discharge from eyes, nose, and mouth | | Conformance with Approved Procedures | |
| Preventing Contamination by Hands | | 29 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 8 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan | |
| Hands clean and properly washed | | 30 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 9 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | Special Requirements: Fresh Juice Production | |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | 31 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| 10 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Special Requirements: Heat Treatment Dispensing Freezers | |
| Adequate handwashing facilities supplied & accessible | | 32 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Approved Source | | Special Requirements: Custom Processing | |
| 11 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 33 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food obtained from approved source | | Special Requirements: Bulk Water Machine Criteria | |
| 12 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 34 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Food received at proper temperature | | Special Requirements: Acidified White Rice Preparation Criteria | |
| 13 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 35 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Food in good condition, safe, and unadulterated | | Critical Control Point Inspection | |
| 14 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 36 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Required records available: shellstock tags, parasite destruction | | Process Review | |
| Protection from Contamination | | 37 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| 15 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Variance | |
| Food separated and protected | | <p>Risk Factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury.</p> | |
| 16 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Food-contact surfaces: cleaned and sanitized | | | |
| 17 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | | |
| Proper disposition of returned, previously served, reconditioned, and unsafe food | | | |
| Time/Temperature Controlled for Safety Food (TCS food) | | | |
| 18 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Proper cooking time and temperatures | | | |
| 19 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Proper reheating procedures for hot holding | | | |
| 20 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Proper cooling time and temperatures | | | |
| 21 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Proper hot holding temperatures | | | |
| 22 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| Proper cold holding temperatures | | | |

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| Name of Facility POMEROY YOUTH LEAGUE | Type of Inspection sta | Date 10/18/2022 |
|---|----------------------------------|---------------------------|

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

| Safe Food and Water | | Utensils, Equipment and Vending | |
|---|---|---|--|
| 38 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 54 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Pasteurized eggs used where required | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | |
| 39 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 55 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Water and ice from approved source | | Warewashing facilities: installed, maintained, used; test strips | |
| Food Temperature Control | | 56 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| 40 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Nonfood-contact surfaces clean | |
| Proper cooling methods used; adequate equipment for temperature control | | Physical Facilities | |
| 41 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 57 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Plant food properly cooked for hot holding | | Hot and cold water available; adequate pressure | |
| 42 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 58 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Approved thawing methods used | | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 43 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 59 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Thermometers provided and accurate | | Sewage and waste water properly disposed | |
| Food Identification | | 60 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 44 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Toilet facilities: properly constructed, supplied, cleaned | |
| Food properly labeled; original container | | 61 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Prevention of Food Contamination | | Garbage/refuse properly disposed; facilities maintained | |
| 45 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 62 | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT |
| Insects, rodents, and animals not present/outer openings protected | | <input type="checkbox"/> N/A <input type="checkbox"/> N/O | |
| 46 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | 63 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT |
| Contamination prevented during food preparation, storage & display | | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas | |
| 47 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 64 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| Personal cleanliness | | Adequate ventilation and lighting; designated areas used | |
| 48 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Administrative | |
| Wiping cloths: properly used and stored | | | |
| 49 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A |
| Washing fruits and vegetables | | 901:3-4 OAC | |
| Proper Use of Utensils | | 66 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A |
| 50 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | 3701-21 OAC | |
| In-use utensils: properly stored | | | |
| 51 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| Utensils, equipment and linens: properly stored, dried, handled | | | |
| 52 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | | |
| Single-use/single-service articles: properly stored, used | | | |
| 53 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | | |
| Slash-resistant, cloth, and latex glove use | | | |

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: **COS** = corrected on-site during inspection **R** = repeat violation

| Item No. | Code Section | Priority Level | Comment | COS | R |
|----------|----------------|----------------|---|--------------------------|--------------------------|
| 62 | 3717-1-06.4(A) | NC | Repairing. OBSERVED LIGHT OUT ABOVE PIZZA WARMER. PIC STATED JUST WENT OUT YESTERDAY. OBSERVED VENT COVER ON COOLER WAS STARTING TO FALL OFF. OBSERVED DAMAGED DRYWALL AT BASE OF WALL IN LADIES RESTROOM. | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | 3717-1-06.4(B) | NC | Cleaning - frequency and restrictions. OBSERVED NACHO CHIPS UNDER PREP TABLE WITH PIZZA WARMER. | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--|---|
| Person in Charge | Date 10/18/2022 |
| Sanitarian ELIZABETH TEAFORD RS/SIT# EHSIT22-4939 | Licensors: Meigs County Health Department |

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 5302B The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)